

# **Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes**

**November 20<sup>th</sup>, 2008 at 1:30 pm**

Location: VSH Library

**Type of meeting:** Advisory

**Facilitator:** Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH

**Note taker:** Ed Riddell

**Advisory Council Members:** Cathy Rickerby, NAMI Vermont; Jane Winterling, VPS; Ed Paquin, VP&A; Bill McMains, DMH; David Mitchell; Patrick Kinner; Scott Perry; Anne Jerman; John O'Brien

**Members:** Absent: Sherry Burnette, Terry Rowe, Tom Simpatico, and Janet Isham.

**Attendees:** None

## **Discussed: Welcome and Introductions**

Ed Riddell opened the meeting and welcomed all attending members. ER presented the minutes from the previous meeting and asked if there were any changes needed. No changes were voiced and Patrick Kinner motioned to accept the minutes. David Mitchell seconded and the motion carried unanimously.

## **Presentation: Emergency Involuntary Procedure (EIP) Policy and CON procedure by David Mitchell**

DM presented the EIP Policy training that is given to all staff at new hire orientation and was given to all nursing staff in the spring of 2008. This training was developed in collaboration with Vermont Protection and Advocacy. During the presentation a lively discussion among members was had in regards to the written justifications for the use of a number of examples of Certificates of Need (CON). This training provided information that is very important to the Advisory Council's understanding of the CON process, legal issues, and justification requirements.

## **Discussed: Governing Body S/M/EIM/Injury data.**

ER provided the emergency involuntary data, but was not able to completely discuss it. ER asked that members review the material and if they have any questions to direct them to ER and he will find the answer and get back to them. Cathy Rickerby asked that the Advisory council additionally get the opportunity to review the EIP use by unit and shift as well. CR explained that this information would reveal areas that might need more attention. ER will follow up with VSH Leadership to determine if the additional descriptive data is vetted and distributable to the AC.

### **Discussed: NTAC Consultants Site Visit**

ER provided information that the NTAC Consultants for the SAMHSA grant will be at VSH on Wednesday December 10th, Thursday December 11<sup>th</sup>, and Friday December 12<sup>th</sup>. Consultants will be meeting with various stakeholders and VSH staff during the three days. ER explained that the visit agenda was not final, but when finalized, it will be provided to all AC members.

### **Discussed: Strategic Plan for the Vermont State Hospital: Seclusion and Restraint Reduction Initiatives**

Prior to introducing the strategic plans, ER provided information that CMS may be returning very soon to survey VSH. CR brought up the concern that a rumor exists that VSH will never get recertified, but she did not provide further detail. Anne Jerman suggested that no one knows what actions CMS may take, but that at this time nearly all of the documented deficits have been corrected. AJ added that most of the CMS reported deficits had been corrected while the survey was taking place, but these corrections were not accounted for by CMS.

ER began the presentation of the six core strategy strategic plan drafts that have been acted on and approved by VSH Leadership so far. ER explained that leadership wanted to focus on strategy 1 and 3. These are Leadership through Organizational Change and Workforce Development. ER began with strategy 1 and presented the objectives or interventions, the key activities, the due dates, the supportive documentation, and the status or follow up for completing this objective.

#### **Discussed: Goal 1 / Intervention 1**

The first objective involved a review and revision of the VSH Mission, Vision, and Values Statement. Terry Rowe had modified the VSH statement to add language that reflected that which was identified as most desirable in SAMHSA's six core strategy for the reduction of seclusion and restraint. TR then presented this revised statement to the VSH Governing body and it was approved on 11-20-08. A copy of the revised statement was provided to all AC members. This objective still needs action to communicate the revised statement to all VSH community/staff members and to be proudly displayed in optimal locations at VSH. TR and ER will follow up with this task.

#### **Discussed: Goal 1 / Intervention 2**

Objective B. directs the creation/modification of a policy statement for VSH focused on S/R reduction, trauma-informed, and recovery support statements. Scott Perry will be leading this work and the next steps will come from the policy committee at VSH in December.

### **Discussed: Goal 1 / Intervention 3**

Objective C. requests the development of a S/R reduction action team and plan. The VSH has a Nursing initiated program called the Violence Prevention Community Meeting (VPCM) that will begin shortly. Hospital leadership is enthusiastically supporting this intervention and will wait to create a new program until the VPCM can be evaluated and provided with the correct level of support/resources for success. AJ provided information about the program and an information packet about the VPCM will be provided to all AC members in the near future.

### **Discussed: Goal 1 / Intervention 4**

Objective D. focuses on the development and use of data by VSH to drive reduction goals. ER explained that a Clinical Data committee has been established by leadership to look at this intervention and the other data needs of the hospital. This is one of the areas that the S/R reduction interventions goals can be wrapped into the larger hospital performance improvement process. CR requested that in this process that VSH Leadership use the data about which units, times, and shifts are having the largest amount of events occur. CR said she hoped that leadership made some analysis of March 2008's data and that from it a database of information on each patient could be used to avoid S/R for them upon readmission. CR described it in terms of an education system process when information is gathered about a student so that they can be better matched with a teacher in the future. SP said that the collection and use process for data is always a priority and will be improved with the role of this new committee. SP added that much work has already been done to wrap in multiple services at VSH. Bill McMains suggested that the idea of creating a wrap for readmission makes a great deal of sense going forward and would make a good project in the future. ER will report this advice to the data committee next week.

### **Discussed: Goal 1 / Intervention 5**

Objective E. focuses on creating a collaborative and non-punitive environment. This intervention will not be independently addressed at this time, because all of these healthy interaction elements are proposed to be created in the VPCM project. Leadership will again wait on the outcome of this project to identify further needs in this area.

### **Discussed: Goal 1 / Intervention 6**

Objective F. encourages the development of a S/R reduction kickoff event and the observable leadership of the Executive Director and support from the Medical Director. ER explained that a kickoff fair was being planned to take place some time in January. Jane Winterling wanted to ensure that persons served at VSH were involved in the planning and the fair. ER will work with Patrick Kinner and his Patient's Advisory Committee to make sure their input is received.

ER was only able to present objectives A through J in strategy 1, but will continue with the draft plan presentation next month.

**Public Comment**

No public attendees for this meeting.

The meeting adjourned at 3:35 pm. The next meeting will be at 1:30 pm on Thursday, December 18th, 2008 in the VSH Library (Right side)

Respectfully submitted,

Ed Riddell  
Minute taker